.[	MU	JLTIPI	E DEP	ENDEN	T CLA	IM		SERIAL	iO.,	<del></del>	· · ·	FILING D	ATC		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET									10/552862				DATO DATE		
·	•	(FOR US	SE WITH	FORM I	P <b>TO-875</b> )	)		APPLICA	KT(S)	004		<u> </u>			
				٠.		(	CLAIM	15	·			·		· · · · · ·	
	AS FILED		AFTER 1"AMENDALENT		AFTER				AS FILED		AFTER		AFTER		
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13 14		-/-	<del>-/-</del> -	<del>\</del>				63			·				
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OTAL DEP		<b>(4</b>	:15	4		4	ļ,	TOTAL DEP	<del></del>	<b>4</b>		_		<u>,                                     </u>	
TOTAL CLAIMS	2		17					TOTAL CLAIMS					1		
PTO - 1360 (1	REV. 11/04)	· · ·				•			t P	S. DEPARTI	MENT of CO? demark Office	MERCE			